



## APPLICATION FOR CVO FEE REMISSION PROGRAM

State Form 52363 (8-05)

Child or Spouse of Certain Indiana National Guard Members  
Supplemental Grant Program  
Military Department of Indiana



### Instructions

This state of Indiana program—the *CVO Program*—provides tuition and fee assistance at public colleges for eligible children and spouses of certain Indiana National Guard members killed while on state active duty. As a supplement to other state financial aid, the grant pays 100% of tuition and program related mandatory fees; it does not cover non-tuition fees such as room and board or books.

#### Students who might be covered under the establishing Indiana Code (IC 20-12-19.7) are:

- A child of a member of the Indiana National Guard who suffered a service connected death while serving on state active duty.
- A spouse of a member of the Indiana National Guard who suffered a service connected death while serving on state active duty.

The deceased Indiana National Guard member must have been killed in the line of duty while deployed in the active military (Army or Air Force) or while engaged in other state active duty as determined by the Military Department of Indiana under IC 10-16-7-7.

Some program restrictions apply, courses must be taken for credit, and financial assistance is limited to 124 credit hours. Children must be the biological or legally adopted dependent child of the covered member and spouses must have been married to the covered member at the time of death. Both children and spouses must be regularly admitted as in-state resident students to one of the public colleges listed on the reverse of this page and must maintain satisfactory academic progress (as defined by the college) while receiving the fee remission. Other restrictions might apply.

The completed application – last two pages of this form – and all necessary supporting documentation should be submitted to the Military Department of Indiana (MDI) at least 30 days before the start of the college term. Each child (and spouse) must submit a separate application and they must re-apply whenever they change schools. The approved application will be returned to the applicant. ***The approved application must be presented to the financial aid office of the chosen college before the start of classes in order to receive the fee remission benefit.*** If the application is not approved, the student will be so notified in writing. The application and supporting documentation must be mailed or delivered to the following address for consideration. Faxed documents will not be accepted.

**Joint Forces Headquarters  
ATTN: Education Services Office  
9301 East 59<sup>th</sup> Street  
Lawrence, Indiana 46216**

**Voice: (317) 964-7023  
Fax: (317) 964-7028  
<http://www.inarng.org/>**

Please keep a copy of the approved application for your records. To learn more about this program or state of Indiana financial aid for college students go to <http://www.in.gov/ssaci/> or call (317) 232-2350.

Please also note that all students are **required** to file the ***Free Application for Federal Student Aid*** (FAFSA) each year at least two (2) weeks before they start college. This federal government form can be obtained on-line at [fafsa.ed.gov](http://fafsa.ed.gov) or from a high school or college.



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### Eligible Indiana Public Colleges for the CVO Program

<u>Code</u>	<u>Name</u>
001786	<i>Ball State University</i>
001807	<i>Indiana State University</i>
001808	<i>University of Southern Indiana</i>
001843	<i>Vincennes University</i>

#### Indiana University Campuses

001809	<i>Bloomington</i>
001811	<i>East (Richmond)</i>
E01033	<i>IUPUC (Columbus)</i>
001813	<i>IUPUI (Indianapolis)</i>
001814	<i>Kokomo</i>
001815	<i>Northwest (Gary)</i>
001816	<i>South Bend</i>
001817	<i>Southeast (New Albany)</i>

#### Ivy Tech Community College of Indiana Campuses

035213	<i>Bloomington</i>
010038	<i>Columbus</i>
009925	<i>Evansville/Tell City</i>
009926	<i>Fort Wayne</i>
010040	<i>Gary/Valparaiso/East Chicago/Michigan City</i>
009917	<i>Indianapolis</i>
010041	<i>Kokomo/Logansport/ Wabash</i>
010039	<i>Lafayette/Crawfordsville</i>
009923	<i>Madison/ Lawrenceburg/Batesville</i>
009924	<i>Muncie/Anderson/Marion</i>
010037	<i>Richmond/Connersville</i>
010109	<i>Sellersburg</i>
008423	<i>South Bend/Warsaw/Elkhart</i>
008547	<i>Terre Haute/Greencastle</i>

#### Purdue University Campuses

001827	<i>Calumet</i>
001828	<i>Fort Wayne (IPFW)</i>
001826	<i>North Central</i>
001825	<i>West Lafayette</i>



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**There are two pages (sides) to this application. Please complete both.**

1. Please check whether you are a **child or spouse** of the covered Indiana National Guard member. Check one box only.

Check	Status
<input type="checkbox"/>	I am the child of a covered member
<input type="checkbox"/>	I am the spouse of a covered member

Remarried spouses: The children of a remarried surviving spouse, or the spouse herself or himself, are still eligible to be considered for the CVO Program. If you are a child whose surviving parent has remarried or an eligible spouse who has remarried, please check here \_\_\_\_.

2. Please complete the following about **yourself (the student applicant)**. Please print.

<b>First Name</b>	<b>Middle Initial</b>	<b>Last Name</b>	<b>E-mail Address</b>
- -	/ /	( )	
<b>Social Security Number</b>	<b>Date of Birth (mm/dd/yyyy)</b>	<b>Telephone Number</b>	
<b>Street Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Please select from the list on the previous page the college you plan on attending next term</b>			
<b>College Name</b>	<b>College Code</b>	<b>Date of Expected Enrollment</b>	

**This section applies to children only.**

3. In order to be eligible, you must be the biological child of the covered Indiana National guard member or legally adopted by that covered member. If legally adopted, it must have been when you were less than 24 years of age; not married; had no dependents of your own; and not a veteran of the armed forces. Adoption by the spouse of a covered member is not valid for inclusion of a child in the CVO Program. Adoption must be in effect before application for the benefits is submitted.

Please write your initials in the appropriate space:

- a) I am the biological child of the covered member: \_\_\_\_.
- b) I was legally adopted by the covered member. *I have attached a copy of the legal documents indicating when and where I was adopted:* \_\_\_\_.
- c) I am not the biological child nor was I legally adopted as described above: \_\_\_\_.



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There are two pages (sides) to this application. Please complete both.

4. Please complete the following about the covered Indiana National Guard member at the time of his or her death:

First Name	Middle Initial	Last Name
- -	/ /	/ /
Social Security Number	Date of Birth (mm/dd/yyyy)	Date of Death (mm/dd/yyyy)
Street Address	City	State Zip Code
Briefly Describe Above the Circumstances of the Member's Death		
Indiana National Guard Information		
Branch (Air Force or Army)	Rank of Covered Member	Complete Unit Attachment Information

I attest that the information I have given on this application is true and accurate, that I have attached all necessary documentation with this application, and that I have read and understood the CVO Program requirements and limits:

Your Signature	Today's Date
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The application and supporting documentation should not be faxed but should be mailed or delivered to:

Joint Forces Headquarters  
ATTN: Education Services Office  
CVO Fee Remission Application  
9301 East 59<sup>th</sup> Street  
Lawrence, Indiana 46216

Voice: (317) 964-7023

Fax: (317) 964-7028

<http://www.inarng.org/>

TO BE COMPLETED BY THE MILITARY DEPARTMENT OF INDIANA		
The member was on state active duty _____ or deployed with the active military _____		
APPLICATION STATUS		
Approved: _____	Incomplete: _____ Please see attached explanation.	Denied: _____ Please see attached explanation.
Name	Signature	Date